
Application for 3-year Renewal for NELAP Recognized Accrediting Authority

National Environmental Laboratory Accreditation Program

United States Environmental Protection Agency
109 T. W. Alexander Drive
Research Triangle Park, NC 27709



Instructions for Completing Application Form and Checklist (Addendum I):

1. The NELAP accrediting authority must supply 4 copies of this Application and any supporting documents submitted with this Application for continued NELAP recognition.
2. When supporting documentation is submitted, such as copies of the applicable statutes, rules, regulations, policy statements, standard operating procedures, guidance documents, etc., a clear cite of where specific required information is found in the documents must be provided on the checklist, Addendum I. This citation must include a reference to the document title or identification, page number and/or section/chapter/line reference, as applicable.
3. Addendum I is a checklist of all information that must be submitted for initial NELAP recognition. If any changes to the NELAP accrediting authority's program have occurred these items must be indicated on the checklist and submitted for the application to be considered complete. All items which have not changed shall be so indicated with an 'NC' (no change) in the 'Document Citation' column. Incomplete applications will not be reviewed by a NELAP assessment team until all required information is submitted.
4. The applicant accrediting authority may electronically submit supporting documents required in this Application for NELAP recognition; however, at least one hard copy of the application form with the original signature must be sent to the NELAP.

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1. Purpose of the Application:		For NELAP Use Only	
<input type="checkbox"/>	Renewal Application for NELAP Recognition	Date Application Received by NELAP: //20	
<input type="checkbox"/>	Expansion of NELAP Recognition		

**2. Accrediting
Authority Name:**

3.

**Accredit
ing**

Authority Address:

Street

City

State

Zip Code

P. O. Box

Zip Code

4. Accrediting Authority Telephone, Fax Number and E-mail Address:

Telephone --

E-Mail Address

5.

**Mana
ger of the
Environment**

al Laboratory Accreditation Program:

Name

Title

Telep

hone -- Ext.

6.

**Qual
ity Systems
Officer:**

Name

Telephone -- Ext.

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7. **Environmental Laboratory Accreditation Program Management and Technical Staff:** If more space is required, attach additional pages. Indicate additions and deletions only.

Name/Title

Areas of Responsibility

Education

Experience Level

Date of Most Recent NELAP Training

Name/Title

Areas of
Responsibility

Education

Experience Level

Date of Most Recent NELAP Training

Name/Title

Areas of
Responsibility

Education

Experience Level

Date of Most Recent NELAP Training

Name/Title

Areas of
Responsibility

Education

Experience Level

Date of Most Recent NELAP Training

8. **Contractors Used by the Accrediting Authority:** List the contractors used by the accrediting authority. If more space is required, attach additional pages.

(A) Contractor Name

Contact Person

Street

City

State

Zip Code

P. O. Box

Zip Code

Telephone --

E-Mail Address

(B) Contractor Name

Contact Person

Street

City

State

Zip Code

P. O. Box

Zip Code

Telephone --

E-Mail Address

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9. **Tabular Listing** of all laboratories applying for accreditation in the two-year period immediately preceding the date of this application. If more space is required, attach additional pages. Use of an alternate format is acceptable.

A	B	C	D	E
Laboratory Name	Date of Application	Date of On-site Assessment	Date of Final Action	Lapsed Time in months [Column D -Column B] less time for laboratory response

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A	B	C	D	E
Laboratory Name	Date of Application	Date of On-site Assessment	Date of Final Action	Lapsed Time in months [Column D - Column B] less time for laboratory response

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A	B	C	D	E
Laboratory Name	Date of Application	Date of On-site Assessment	Date of Final Action	Lapsed Time in months [Column D -Column B] less time for laboratory response

10. Individuals authorized to sign laboratory accreditation certificates:

Name/Title

Name/Title

Name/Title

Name/Title

11. **Hours of Operation:** Enter the hours in which the environmental laboratory accreditation program operates.

Regular Office Hours: Time Zone:

12. **Areas of NELAP
Recognition:**

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13. Certification Statement: This Application must be signed and dated by the individual within the department or agency responsible for laboratory accreditation activities for which National Environmental Laboratory Accreditation Program (NELAP) recognition is being sought. By signature on this application, this individual attests to the validity of the information contained within this application and its supporting documents, and that the Accrediting Authority meets the provisions of Section 6.2 (General Provisions) of the NELAC standards."

In accordance with the National Environmental Laboratory Accreditation Conference (NELAC) standards, Chapter 6, I submit this completed application to the NELAP. I attest that all the information is true, accurate and complies with all applicable NELAC standards.

	Name (Print or Type)
	Signature
	Date

**Send by certified mail or overnight delivery to:
Ms. Lara P. Autry, Director
National Environmental Laboratory Accreditation Program
United States Environmental Protection Agency
107 T. W. Alexander Drive; MD-E243-05
Research Triangle Park, NC 27709**

Telephone: 919/541-5544; Fax: 919/541-4261; E-mail: autry.lara@epa.gov